<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedute II.	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes No	PRELIMINARY INFORMATION — ANSWER EACH OF THESE	Status  Member of the U.S.  State: House of Representatives  District:  Annual (May 15, 2012)  Officer or  Employee  Amendment		Name: JOE Mulsh Daytime T	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	certain other "excepted trusts" need not be dis	  A	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	(X. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	E QUESTIONS	r Employing Office: le Termination Date:		Daytime Telephone: 8박국·533·2 12-5	Form A Form A STANDERS OF THE CLERK
child because Yes	sclosed. Have you Yes	NSWER EACH OF THESE QUESTIONS	must be answered a ed for each "Yes" res	arrangement with Yes	or before the date	d receive any in the reporting Yes	d receive any gregating more Yes		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	(Office Use Only)	DELIVERED	S. HOUSE OF REPRESERY
_ <u>\$</u> <u>X</u>	_ ⊠	SNC	d and the response.	] No X	No X	<b>1</b> № □	] No		be assessed es more than	ر کرز	- T E	Page 1 of

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BLOCK E

## **BLOCK A**

Asset and/or Income Source

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at reportable asset or sources of income which generated Identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

account that exceeds the reporting thresholds. For retirevalue at the end of the reporting period the name of the institution holding the account and its ment accounts which are not self-directed, provide only investments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (*i.e.*, plans in which you have For all IRAs and other retirement plans (such as 401(k)

vide a complete address. For rental or other real property held for investment, pro-

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follows:

for exam-See below (S) (partial) ing the reporting period.

tion in Block A ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business

income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived homes and vacation homes (unless there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset or None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

**EXCEPTED/BLIND TRUST** 

(Specify: e.g., Partnership Income or Farm Income)

Over \$50,000,000

NONE

DIVIDENDS RENT

INTEREST

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000 \$100,001 - \$1,000,000

Over \$5,000,000

\$1,000,001 - \$5,000,000

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**CAPITAL GAINS** 

TAX-DEFERRED

Other Type of Income

×

Royalties

×

S

(partial)

×

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements optional column on the far left. child (DC), or is jointly held with your spouse (JT), in the

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Examples

Simon & Schuster Mega Corp. Stock

indefinite

×

1st Bank of Paducah, KY Accounts

#### Value of Asset **BLOCK B**

method other than fair market value, please specify the method used. reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting year and is included only because if

#### Type of Income BLOCK C

if the asset generated no income durdisclosed as income. Check "None" gains, even if reinvested, must be Dividends, interest, and capital may check the "Tax-Deferred" column (such as 401(k) plans or IRAs), you that generate tax-deterred income you to choose specific investments <u>or</u> retirement accounts that do not allow Check all columns that apply. For

#### Amount of Income BLOCK D

earned or generated. reinvested, must be disclosed as cate the category of income by checking Deferred" in Block C, you may check the income. Check "None" if no income was interest, and capital gains, even if the appropriate box below. Dividends, "None" column. For all other assets, indi-For assets for which you checked "Tax-

year. \$1,000 in or exchanges Transaction reporting (E) exceeding (P), sales (S) asset had Indicate if the purchases

For &
addition
assets and
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income, u
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Chades Schwab-401 K

## SCHEDULE V— LIABILITIES

Name JOE Walsh

Page 3 of

business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. **NOTE:** Pending legislation may require Members to report Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a mortgages on personal residences.

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•		Date				  ≥	Amount of Liability	of Lia	  ₹			
SP.		Liability		A	В	0	Ш	Т		0		و ح
٦, D, S	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000 \$50,001-	\$100,000 \$100,001-	\$250,000 \$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×						
4	Jane+ Bulle & Associates-IZ	12/2011	Legal Fees		Х							
SP	US Dept of Education	12/2011	Student Loan	X							<u></u>	
					_							
-									·			

### SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source Source Fxample: Mr. loseph H. Smith. Anytown. Anystate	Description  Silver Platter (determination on personal friendship received from Committee on Ethics)

Name
Joe 1
Walsh

Page 4 of 4

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

should be adopted to the first of the first	oponacin or inc	or not retained by the year.				
Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	eland	Υ	<b>~</b>	Y	2 Days
THE entire of Israel Allies Coucus Augab as Chicago-Newbek-Tel Aviv	<del>મ</del> િપ <b>્વે</b> એ એડ	Chicago-Newbok-Tel Aviv	~	~	~	Nove
Steamboat Institute	Aux 18-21	Aug 18-21 Chicago-Steamboat-Chicago	$\prec$	<	Y	Nove
	J					